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Citation:

TOD, Angela, SKILBECK, Julie, WARNOCK, Clare and ULMAN, Janet (2019). Frailty and treatment decision making in older people with lung cancer (abstract only). In: RCN International Nursing Research Conference and Exhibition 2019 : book of abstracts. Royal College of Nursing. [Book Section]

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Frailty and treatment decision making in older people with lung cancer

Angela Tod, Julie Skilbeck, Clare Warnock, Janet Ulman

Background: Currently there is little research exploring patient or clinician treatment decisions among older lung cancer patients. Existing research has confirmed that variation in treatment preferences exist between patients, and between patients and clinicians, that could be influenced by perceptions of age and frailty. Clinician's concerns about providing certain treatments to patients deemed to be frail may influence an older person's decisions regarding treatment. This was reported in a recent systematic review¹ identifying the most common factor influencing older adult's decision to accept or decline cancer treatment was physician recommendation.

Method: A prospective qualitative exploratory study was undertaken. Semi-structured interviews conducted with older patients with lung cancer (n=12); and a range of health care professionals (n=12), including respiratory physicians, clinical nurse specialists, oncologists. Data were audio-recorded, transcribed verbatim and analysed using Framework Analysis.

Result: Three themes illuminated factors influencing treatment decision making in older people with lung cancer. *Perceptions of frailty* illustrates how older people were able to recognise dimensions of frailty but did not consider themselves to be frail. For the healthcare professionals, frailty was not universally considered in treatment decision making. *Decision making conversations* details the multiple factors that facilitate or hinder the process. *Aspects of service delivery* consider the wider context in which treatment decisions are made.

Conclusion: There is merit on drawing on the concept of frailty to inform treatment decision making. In the current climate where the use of standardised tools to assess frailty is being promoted^{2,3}, we propose incorporating a series of trigger questions to be used alongside existing assessment tools. In so doing there is potential to capture a clearer impression of an older person's fitness for treatment.